

ICMJE DISCLOSURE FORM

Date: 4/12/2023

Your Name: Yuren Xia

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/12/2023

Your Name: Chaoyu Wang

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

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ICMJE DISCLOSURE FORM

Date: 4/12/2023

Your Name: Xin Li

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

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None

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/12/2023

Your Name: Mingyou Gao

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 30th November 2023

Your Name: Henry David Jeffry Hogg

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

Manuscript number (if known):

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR	HDJH is funded by the National Institute for Health Research (NIHR) through a doctoral fellowship award (NIHR301467). The funder had no role in the design or delivery of this study
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I have been supported in reviewing this manuscript through an NIHR doctoral fellowship award

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/12/2023

Your Name: Thara Tunthanathip

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

The author declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 01-12-2023

Your Name: Tim Hulsen

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

Manuscript number (if known):

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Several scientific journals	(Guest) editor / editorial board member
11	Stock or stock options	Philips	As an employee, I own some stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	Philips	Employer

Please summarize the above conflict of interest in the following box:

I am an employee of Philips and am an editor for several scientific journals, but to my understanding these do not form a conflict of interest.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/12/2023

Your Name: Xiangdong Tian

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

Manuscript number (if known):

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/12/2023

Your Name: Qiang Zhao

Manuscript Title: Development and Validation of a Novel Stemness-Related Prognostic Model for Neuroblastoma Using Integrated Machine Learning and Bioinformatics Analyses

Manuscript number (if known):

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